	CER./DIST./DIV. CODE 2. PERSON REPRESENTED KIRACHK LICKY S.					VOICE HER NUMBER				
3. MAG. DKT/DEF. NUMBER 1:05-000014-002			4. DIST. DKT/DEF. NUMBER		5. AP	5. APPEALS DKT/DEF. NUMBER		6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT CATEGORY		9. TY	9. TYPE PERSON REPRESENTED		1. DEPRESENTATION TYPE (S. Aboracias)		
U.S. v. KIRACHKY M				Misdemeanor		Adult Defendant		a ase		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to DISTRICT COURT OF GUAN 1) 18 641.M THEFT/EMBEZZLEMENT OF U. S. PROPERTY										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS					_ I ⊠ o	13. COURT ORDER S				
ARRIOLA, JOAQUIN C. 259 MARTYR ST #201						P Subs Fer Panel Attorney				
P.O. Box X						F Subs For Federal Defeader P Subs For Panel Attorney Prior Attorney's Name: Appointment Date: C FRK OF COLUMN				
HAGATNA GU 96932					■ Bec	B Because the above-named person represented has testified inder bath datas COIRT				
Telephone Number: (671) 477-9730					(2) dees	otherwise satisfied this court that he or she (1) is financially unable to employ coursel and (2) does not wish to waive counsel, and because the interests of justice so require, the				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					ms) or	1 16 16 16 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17				
A	ARRIOLA COWAN ARRIOLA 5-23-05 Consults 259 MARTYR ST ACKNOWLEDGED RECEIPT					Other (See Instructions) Leilani R. Toyes Hernandez 05/23/2005 Manual Results of the Court				
S						04/18/2005				
H	HAGATNA GU 96910 By: Arthyt Armola					Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at				
Date 34 MAY-05						appointment.	YES D NO	•		
			And the second	*** .* .						
	** • CATEGORIES (Attach Itemization of services with dates)			, (HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/	or Plea								
	b. Bail and Detention Hearings									
I	c. Motion Hearings					-				
•	d. Trial									
C	e. Sentencing Hearings									
M F	f. Revocation Hearings g. Appeals Court			·						
t	h. Other (Specify on	additional shee	ets)							
	(Rate per hour = S) TOTALS:			TALS:						
16.	a. Interviews and Conferences									
0	b. Obtaining and reviewing records									
;	c. Legal research and brief writing									
r c	d. Travel time								· · ·	
C	e. Investigative and Other work (Specify on additional sheets)			ani sheetu)						
Į.	(Rate per hour =	\$)	то	TALS:						
17.	Travel Expenses (odging, parking,	meals, mileage, e	etc.)						
18.	Other Expenses (other than expert	t, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO					CE		T TERMINATION AN CASE COMPLE		SE DISPOSITION	
22. CLAIM STATUS Final Payment Interira Payment Number Supplemental Payment										
Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this										
representation?										
Signature of Attorney: Date:										
						e es distric				
23. I	N COURT COMP.	RT COMP. 24. OUT OF COURT COMP. 25. TRAVE			LEXPENSE	S 26. OTH	26. OTHER EXPENSES		27. TOTAL AMT. APPR/CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					•	DATE 28aL JUDGE/MAG. JUDGE CODE				
29. II	IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL E				EXPENSE	32. OTH	32. OTHER EXPENSES 33. TOTAL AMT. APPROVED		AMT. AFPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Pays approved in excess of the statistery threshold asseunt.					Payment	DATE		34s. JUDA	GE CODE	